



Recommendations for the State of Illinois

1115 Waiver Application

January 22, 2014

Agency Background

The Chicago Metropolitan Battered Women's Network (The Network) is a collaborative membership organization dedicated to improving the lives of those impacted by domestic violence through education, public policy and advocacy, and the connection of community members to direct service providers. We have nearly 75 members and have served as the regional voice for the domestic violence service community for more than 30 years.

Affordable healthcare has been a longstanding concern and challenge for domestic violence survivors. As many of the financial and health securities are put in jeopardy when a victim of domestic violence leaves an abusive relationship, the passage of the Affordable Care Act was a welcome feature to many of the agencies working with domestic violence victims. Included in the ACA is coverage for screening and counseling for "interpersonal and domestic violence". Due to the identification of the need for the health care industry's role in identifying domestic violence and linking victims to appropriate services, The Network has recently developed a service delivery model, in partnership with leading medical professionals and hospital administrators, that will provide a pathway for hospitals to effectively partner with domestic violence service agencies in order to respond to the needs of patients who are in abusive relationships. It is with this lens that we identify the value in having domestic violence, or intimate partner violence, as a social

determinant that prompts the need for integrated community-based services and physical health services.

It is our understanding from the draft 1115 waiver application that it will be the Regional Hubs that determine the social determinants of health in our communities. We would like to take this opportunity to raise the epidemic of domestic violence as an issue impacting many people throughout our society, and, in turn, the short and long-term health of individuals in our communities.

Comments:

Our comments center primarily on **Pathway 2: Build Capacity of the Health Care System of Population Health Management**. There is an identified interest in the waiver application to “focus on front-end strategies to deflect individuals from costlier back-end care.” When looking at the impact of domestic violence on health care costs, the figures are staggering. To understand the brevity of domestic violence in our society, we look to the 2010 National Intimate Partner and Sexual Violence Survey—more than one in three women have experienced physical violence at the hands of an intimate partner, including a range of behaviors from slapping, pushing or shoving to severe acts such as being beaten, burned, or choked. An estimated 36 percent of women reported experiencing these behaviors in the 12 months prior to taking the survey. When thinking about this population of victims, the Center for Disease Control finds that 28% of domestic violence victims pursued medical care for their most recent assault, and 78% of these victims sought care in a hospital. Finally, in the January 2013 recommendations regarding Intimate Partner Violence (IPV), the U.S. Preventative Services Task Force noted, amongst other things, that there are significant health effects of IPV including death, injury, STDs, unplanned pregnancy, premature / low birth

weight infants, along with (more-long term) nervous and digestive disorders, PTSD, substance abuse, anxiety disorders, depression and suicidal behaviors.

To identify the actual costs of IPV, we can look to one study, Bonomi et al., 2009, where researchers surveyed 3,333 randomly selected women ages 18 to 64 to assess their IPV history. The women, with their consent, were then linked with their health care records to determine usage of health services. The total adjusted health care costs for women who had disclosed physical abuse were 42 percent higher than for women who had never experienced abuse. Further, women who had disclosed types of abuse that were non-physical in nature had total annual health care costs 33 percent higher than those of women who had not experienced any form of abuse, suggesting that non-physical abuse can also be costly (Bonomi et al., 2009). When the CDC studied the costs of intimate partner rape, physical assault, and stalking, they estimated that the costs exceeded \$5.8 billion, with nearly \$4.1 billion going directly for medical and mental health services (CDC, 2003).

In order to address the need for improved health outcomes along with the draining financial impact of domestic violence on the health care industry, the U.S. Preventive Services Task Force called for doctors to screen all women of childbearing age for intimate partner violence. This recommendation was based on the 2012 *Annals of Internal Medicine's* "Systemic Review of Evidence to Update the 2004 U.S. Preventive Services Task Force Recommendation" (Nelson et al. 2012). That review of 36 studies about IPV screening in health care settings concluded that there are effective screening tools, that screening tools do not cause significant harm, and that some interventions, primarily for pregnant or post-partum women, have had positive results. The review also looked at evidence related to interventions. An intervention is the response provided by the clinician or by a different service provider after a woman discloses abuse through the screening process. The review included six studies that showed evidence that an intervention had a positive

effect on reducing exposure to IPV, physical or mental harms, or mortality (Blair-Merritt et al., 2010; El-Mohandes et al., 2011; Kiely et al., 2010; McFarlane et al., 2006; Miller et al., 2011; Taft et al., 2009).

Given the information provided above, it is the recommendation of the Chicago Metropolitan Battered Women's Network that IPV be considered a social determinant of health, thus indicating the need for integrated community-based domestic violence services with physical health care services. To that end, in order to have meaningful impact during the window of opportunity that medical settings have when treating individuals who have been abused, it is recommended that domestic violence screening by health care professionals be covered in the newly developed Medicaid system. This will allow the State of Illinois to be a leader in effectively collecting the frequency of domestic violence in women seeking health care via the Medicaid system.